

ConnPACE Frequently Asked Questions

1-800-423-5026 or 860-832-9265 (local)

1. Why have the income levels changed from “Single: \$21,400” and “Married: 28,900” to “Single: \$22,300” and “Married: \$30,100?”
ANSWER: Income limits are increased annually based on the Social Security annual inflation adjustment. (This is normally referred to as Cost of Living Adjustment.)
2. Under the Insurance Section: **YOU MAY NOT**, what does, “Be covered by Medicare A and/or B and not enroll in a Medicare Prescription Drug Plan – Part D,” mean?
ANSWER: This means that to re-enroll in the ConnPACE program, you must enroll in a Medicare Prescription Drug Plan [PDP] per the Connecticut General Statutes.
3. Why do I have to enroll in a Medicare Prescription Drug Plan?
ANSWER: Enrolling in a Medicare Prescription Drug Plan may help lower prescription drug costs and help protect against higher costs in the future, and it is required by Connecticut law if you wish to continue on the ConnPACE program.
4. What is Medicare Prescription Drug Coverage?
ANSWER: Medicare Prescription Drug Coverage is an insurance coverage provided by private companies. You choose the drug plan. For the first benefit year [January 01, 2006 – December 31, 2006], the Department will provide assistance with out-of-pocket costs above your current \$16.25. This assistance includes: coverage of non-formulary drugs through the ConnPACE exception process, and 100% of your PDP’s monthly premium.

As with other types of insurance, if you decide not to enroll in a drug plan when you are first eligible, you may pay a penalty if you choose to join later.
5. Will there be monthly premiums?
ANSWER: Yes, there will be monthly premiums for the Medicare Prescription Drug Plan you choose. However, the Department will pay for 100% of your PDP’s monthly premium.
6. I have limited income; will I have to pay my monthly premiums? Or will ConnPACE cover the premiums?
ANSWER: The Department will pay 100% of the Medicare PDP’s monthly premium for the first benefit year [January 1, 2006 – December 31, 2006]. ConnPACE will work with each of the Medicare PDP’s.

In addition, ConnPACE will provide additional “wrap-around” coverage such as, coverage of non-covered Part D drugs [within current ConnPACE policy], and assistance with out-of-pocket costs above your current \$16.25 co-pay.
7. Will I have to pay more than my \$16.25 ConnPACE co-pay for my prescriptions?
ANSWER: No. ConnPACE will continue to cover any amount over the current co-pay of \$16.25 per prescription.
8. How do I choose a Medicare Prescription Drug Plan?
ANSWER: If you need help selecting a PDP, you may contact either:
CHOICES at 1-800-994-9422 or www.medicareadvocacy.org
MEDICARE at 1-800-633-4227 or www.medicare.gov
Your local pharmacist
9. What is being done at a local level to help me understand the new prescription drug coverage and plan options in my community?
ANSWER: Medicare is working with other government representatives, community and faith-based groups, unions, doctors, employers, pharmacies, and other organizations at a local level. For more information, please visit www.eldercare.gov. This site will provide you with a phone number for your local office.

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10. What if I do not know what Prescription Drug Plan to pick?

ANSWER: If you need help selecting a plan, you may contact either CHOICES, MEDICARE, or talk to your local pharmacist.

In the meantime, if you do not select a Medicare PDP, one will be selected for you. It is important for you to know that you will continue to receive the full benefits of the ConnPACE program until you enroll or DSS enrolls you in a Medicare PDP. We will enroll a portion of the ConnPACE members each month for the next three to four months until all ConnPACE clients are enrolled. It is the Department's intent to have all ConnPACE individuals enrolled in a Medicare PDP by May 15, 2006. You have until May 15, 2006 select and/or to make one change to your Medicare PDP.

If you have Medicare Part A and/or Part B, you must have a Medicare PDP in order to continue receiving ConnPACE benefits.

11. Will I still be able to use my Medicare Approved Drug Discount Card with the \$600 Transitional Assistance Prescription Benefit?

ANSWER: Yes. You may continue to use your card (and any available transitional assistance) until you are enrolled in a Medicare PDP. Once you are enrolled in a PDP (even if it is before May 15, 2006), your card is no longer valid.

All Medicare Approved Drug Discount Cards with \$600 Transitional Assistance Prescription Benefit will expire May 15, 2006.

12. What if I am in a Medicare Savings Program (Q1, QMB, SLMB), will the monthly premiums and annual deductible be my responsibility?

ANSWER: No. Being in a Medicare Savings Plan, the State already pays your Part B premiums and deductibles.

13. What is "Extra Help?"

ANSWER: The Federal Government, through the Social Security Administration (SSA) and Medicare, will be assisting individuals with covering the cost of their prescriptions. In order for the Federal Government to ensure that all individuals receive the assistance they need, it will look at the annual income and total assets of the individual, in relationship to the current low income levels to determine if the individual qualifies for extra help.

ConnPACE coordinates benefits with the Social Security Administration and the Centers for Medicare and Medicaid Services (CMS) and is required by state law to obtain this information.

14. Regarding my assets, do I have to answer all the questions in this section?

ANSWER: Yes. You need to furnish your total asset information in order for ConnPACE to review your eligibility for Extra Help. If you are eligible for Extra Help, you must apply for it before your ConnPACE renewal can be finalized.

15. What if I do not qualify for extra help? Does that mean I will not qualify for renewal in the ConnPACE program?

ANSWER: Supplying this information to determine if you qualify for Extra Help WILL NOT impact your ConnPACE eligibility determination. There are no asset limit requirements for the ConnPACE program. The asset information you provide will only be used to determine if you may be eligible for Extra Help.

16. Do I have to wait for the disposition of my Extra Help application before I can be renewed in the ConnPACE program?

ANSWER: No. At this time, all we need is confirmation that you have applied. This can be either verbally over the phone, or you may send in the initial response you receive from the SSA advising they are in receipt of your application. We will need the final determination once it is available; however, your ConnPACE application/renewal will not be delayed while this information is not yet available.

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17. Why do you need confirmation of whether or not I qualify for Extra Help?

ANSWER: Your qualification of Extra Help will determine the amount of the premiums ConnPACE will cover. Proof is needed of your eligibility for Extra Help in order to complete your ConnPACE enrollment.

18. Why am I being asked if I have a Medicare Prescription Drug Plan when this is new?

ANSWER: A mailing is going out the week of December 19, 2005. ConnPACE will work with all 17 companies and their combined 44 plans. Selection of a Medicare PDP began November 15, 2005. This section provides you the opportunity to inform us of the Medicare PDP you selected, if you have selected one.

We can mail you a list of Medicare PDPs for Connecticut, or you can down load a list from the following website:

<http://www.medicare.gov/MPDPF/Public/Include/DataSection/Results/ListPlanByState.asp>

19. What if I do not want ConnPACE to pick Medicare PDP for me?

Answer: If by the time we approve your renewal and you have not yet chosen a PDP, ConnPACE will pick one for you.

Come January 1, 2006, if you have not enrolled in a PDP, ConnPACE will start the auto-enrollment process. If DSS enrolls you in a Medicare PDP, you will be properly notified, in writing, of the selected Medicare PDP. We will enroll a portion of ConnPACE clients each month for the next three to four months until all ConnPACE members are enrolled. It is our intent to have all ConnPACE individuals enrolled in a Medicare PDP by May 15, 2006. You may only change ONE time before May 15, 2006.

20. If I have to apply for Extra Help, why am I being asked, "Will you apply for Extra Help?"

Answer: Applying for Extra Help is up to you. Applying for Extra Help will ensure that you will receive all the assistance available to you.

21. How do I calculate my assets?

ANSWER: To determine your assets, add your savings, your investments, and real estate. Do not include your primary home, vehicle(s), burial plot(s), or personal possessions in your calculation.

22. How are the asset amounts [\$11,500 – Single; \$23,500 – Married] in this section determined?

ANSWER: the Federal Government determines these amounts.

23. What if I do not qualify for extra help? Does that mean I will not qualify for renewal in the ConnPACE program?

ANSWER: Supplying this information to determine if you qualify for Extra Help WILL NOT impact your ConnPACE eligibility determination. ConnPACE is required by law to obtain this information.

Remember, not supplying this information on your Renewal Form, will prohibit your re-enrollment in ConnPACE.

24. What is Medicare Prescription Drug Plan Card?

ANSWER: In order to be eligible for the ConnPACE program, you must enroll in a Medicare Prescription Drug Plan. Once enrolled, the Medicare Prescription Drug Plan Company will send you your card. Please forward a copy of your Medicare Prescription Drug Plan Card to ConnPACE. If you need a list of Medicare PDP's, we can mail you one. You may also find a list of PDP's at:

<http://www.medicare.gov/MPDPF/Public/Include/DataSection/Results/ListPlanByState.asp>

25. Do I have to apply for SSA Extra Help?

ANSWER: Yes. You need to furnish your total asset information in order for ConnPACE to finalize your application for the ConnPACE program.

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26. When is the deadline to apply for a Medicare Prescription Drug Plan?

Answer: For ConnPACE clients the deadline is May 15, 2006. If you have not enrolled prior to January 1, 2006, The Department of Social Services [DSS] will start the auto-enrollment process for the ConnPACE members. DSS plans to enroll a portion of the ConnPACE members each month for the next three to four months or until all ConnPACE clients are enrolled. It is our intent to have all ConnPACE individuals enrolled in a Medicare PDP by May 15, 2006. DSS will properly notify, in writing, the Medicare PDP it has enrolled a client in. If a ConnPACE member does not wish to keep the plan that DSS enrolled them in, the client has until May 15, 2006 to change it one time to a Medicare PDP they wish to be enrolled in.

27. There are different levels of monthly premiums for Medicare PDPs, which one will ConnPACE pay?

Answer: For the first benefit year, January 1, 2006 – December 31, 2006, the Department will cover a 100% of a ConnPACE client's Medicare PDP monthly premium. The Department will also cover those non-formulary drugs through the ConnPACE exception process.

28. Will the co pay still be \$16.25? What will the co pay be for Medicare PDP?

Answer: The ConnPACE co pay will remain \$16.25. If the Medicare copay is less than \$16.25, that is all the client will pay. The co pay for Medicare D will depend on the client's income/asset level, which determines the amount of extra help they will receive. They may have co pays as low as \$1 to \$5.

29. Why do I have to enroll in a Medicare PDP I do not want it? I want to stay with the old ConnPACE.

Answer: The ConnPACE program has been changed. The State has passed legislation requiring eligible clients to enroll with a Medicare PDP in order to remain eligible with the ConnPACE program. Depending on the client's level of Extra Help, the Medicare PDP chosen will probably result in their having smaller co pays, so it will be to their advantage to join as soon as possible.

30. How will I know that the State is paying the monthly premium and it is not coming out of my social security check?

Answer: The amount of your Social Security check will not change (other than changes resulting from an increase due to the yearly Social Security adjustment in January, and changes to Medicare B premiums (also effective in January)).

31. I am calling to ask you to help me pick a plan and I expect you to have information on the different plans. I find the Medicare & You booklet confusing and has too much information to read. I am not reading it and am calling ConnPACE to explain the booklet to me.

Answer: Any client that needs assistance with selecting a Medicare Prescription Drug Plan should be referred to CHOICES at 1-800-994-9422. They have all the necessary tools to help clients decide which plan is best for them, and their assistance is free of charge. They can also ask their local pharmacist for assistance.

32. If a Medicare Prescription Drug Plan's co-pays are above the required amount of ConnPACE's \$16.25, will the State pay the difference so that I only pays \$16.25?

Answer: For claims that the Medicare PDP has made a payment on, ConnPACE clients will only pay \$16.25 or less. If the Medicare PDP denies the claim because the drug is not on their formulary, ConnPACE will pay for this drug through its exception process.

33. Will ConnPACE/State pay for the Medicare monthly premiums for Smart Choice/PHS [Medicare Advantage Plan]?

Answer: ConnPACE will pay the Medicare monthly premium for the Medicare PDP attributable to prescription drug coverage. If your are currently enrolled in Smart Choice/PHS, you must enroll in the same Medicare PDP for Medicare Prescription Drug Coverage.

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34. Can ConnPACE recipients choose a Medicare PDP other than what will be on the ConnPACE list and still receive the ConnPACE benefits?
Answer: ConnPACE is working with all 17 companies and the combined 44 plans they offer.
35. Do Veterans and State retirees need to select a/sign up for a Medicare PDP?
Answer: No, they do not. DSS will be sending a questionnaire out that will ask if a person is a Veteran or a retired State employee. The questionnaire will instruct them if they fall into one of these categories, to stop and not select a PDP. They need to return this questionnaire to ConnPACE. They will not be penalized because they cannot or are deterred from signing up.
36. If I qualify for Extra Help, or if I am in an MSP, will I have to pay my own premiums?
Answer: No. If you receive Extra Help, or if you are in an MSP, Medicare will pay the premiums. For designated plans only. Those designated plans are to be determined.
37. If I am in an MSP and/or I qualify for Extra Help, will I have a deductible to pay?
Answer: If you are in an MSP, you will not have any deductible to pay. If you are eligible for Extra Help, you may have no deductible, or have a deductible of \$50 each year. This will depend on the level of Extra Help you receive which is based on your income and assets.
38. What will wrap around? Will my co-pays change? Will I have to pay more than my \$16.25 co-pay for my prescriptions? What will be my out of pocket expenses for my prescriptions? Will ConnPACE pay for my prescriptions?
ANSWER: As a ConnPACE participant, you will not have to pay more than your \$16.25 co-pay for covered drugs. ConnPACE contributions to the cost of your prescriptions plus your co-pay payment count towards your deductible and your Medicare limits. Thus, you will never have a gap in coverage nor will you have to pay more than you are the \$16.25 co-pay for each prescription. **Medicare will be billed first, then you will pay your \$16.25 co-pay, and then ConnPACE will pay the rest of the amount due per prescription.** Once your yearly prescription totals [all your co-pays + ConnPACE contributions] reach \$3,600 dollars or more, you may actually see a reduction in your co-pay. It is possible, once at this stage, your co-pays may be reduced to \$1 - \$5, depending on your Medicare PDP.
39. If both my Medicare PDP and ConnPACE cover my prescription, what will I have to pay? What will ConnPACE pay?
ANSWER: You will pay the lesser of the Medicare D co-pay or the \$16.25 ConnPACE co-pay.
40. If my prescription is covered by my Medicare PDP but not by ConnPACE, am I responsible for the difference?
ANSWER: No. For the first benefit year, ConnPACE will cover non-formulary drugs through its exception process.
41. If either my Medicare PDP or ConnPACE does not cover my prescription, is there any assistance to me?
ANSWER: No. Please check with your physician and advise him/her that what was prescribed to you is not covered by either your Medicare PDP or ConnPACE. Your physician may be able to provide you with more assistance.
42. If my prescription is not covered by my Medicare PDP but is covered by ConnPACE, what am I responsible for paying?
ANSWER: If the drug is a non-covered Medicare PDP drug, your physician is responsible for completing the exception process through the Medicare PDP. If necessary, the physician must complete the ConnPACE exception process then you will only have to pay your \$16.25 ConnPACE co-payment. If the drug claim is rejected by your Medicare PDP due to it not being on the formulary, you will be responsible for the entire amount.

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43. What if my prescription is for a drug in the same class of a drug that I am used to taking, but the drug I am used to taking is not covered by my Medicare PDP? Will ConnPACE cover my prescription, minus my co-pay of \$16.25?

ANSWER: No. Your Medicare PDP is your primary coverage and you must follow your Medicare PDP's formulary. You may research if your physician was to obtain prior authorization if an exception could be made. HOWEVER, you must note that you and your physician have to follow your Medicare PDP's prior authorization guidelines.

44. The public access station I watched told me that ConnPACE requires me to enroll in a Medicare PDP with a maximum monthly premium of \$31. Assuming I pay this out of my Social Security check, why would ConnPACE require such a thing? Alternatively, is ConnPACE going to pay my monthly premium for a Medicare PDP?

ANSWER: ConnPACE only requires you to enroll in a Medicare PDP, not one with a set premium amount. There are currently 17 companies in Connecticut in which to choose a Medicare PDP. Each company has different plans that offer different levels of coverage. It is important that you choose a plan that covers your prescription needs. For the first benefit year, ConnPACE will pay a 100% of your Medicare PDP monthly premium.

45. How long does it take for the ConnPACE application to be approved?

ANSWER: The process takes about 30 days from when we receive the ConnPACE application in our office.

46. What documents do I need to submit with the ConnPACE application?

ANSWER: You will need to send in proof of: Your date of birth; proof of residency [need to be a CT resident for 6 or more months]; proof of income for current or previous year, proof you applied, were accepted or denied for Extra Help, and your asset information.

47. Where do I send the paperwork?

ANSWER: ConnPACE / P. O. Box 5011 / Hartford, CT 06102-5011

48. If I have coverage through another insurance provider that only pays for Generic Drugs, do I qualify for ConnPACE?

ANSWER: YES. If you meet all the other requirements, ConnPACE will pay, minus your co-pay, for the prescriptions that the other insurance provider does not cover. However, this prescription must be included on the ConnPACE formulary. Prior Authorization may be required for some brand name drugs.

49. How will I know whether I am accepted into ConnPACE?

ANSWER: You will be receiving a ConnPACE card in the mail. If you are not approved you will get a ConnPACE refund check for the original application fee you submitted. Refund checks, once issued will be received within 2 – 3 weeks from final application processing.

50. When do you need my renewal form to be mailed to you?

ANSWER: We need the renewal form to be at our office at least 45 days before the expiration date to avoid a lapse in coverage.

51. How long does it take to process additional information that has been sent?

ANSWER: To process additional information is about 15 business days from when we receive it here in our office.

52. What are the Income Guidelines?

ANSWER: Income guidelines are the guidelines an Applicant must meet in order to qualify for ConnPACE. This information can be found on your Application Instructions, your Application Form/Renewal Instructions, and your Renewal Form.

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53. What are the requirements for the program?

ANSWER: You have to be over 65 years old, or 18 – 64 years old and currently receiving Social Security Disability. You must be a Connecticut resident for over 6 months, and you must meet the Income Guidelines. In addition, you need to be enrolled in Medicare Part D PDP, and must have applied for Extra Help/LIS. Please refer to the instructions that were sent with your application/renewal forms.

54. How much is the fee for this program?

ANSWER: There are two fees associated with ConnPACE: The annual enrollment or re-enrollment fee of \$30.00 and your \$16.25 co-pay for your prescriptions.

55. Can I fax the additional requested information over to your office?

ANSWER: YES. Our fax number is: 860-832-5921